

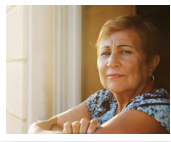


SURVIVORS' VOICES

What Racial and Ethnic Minority Military Sexual Trauma (MST) Survivors
Want Mental Health Providers to Know

MST can be a life-changing experience for many survivors, but those who are racial and/or ethnic minorities can have additional painful aspects to their experiences and may face additional challenges in their recovery and help-seeking. This booklet highlights the voices of some of these survivors, in service of helping healthcare providers understand their experiences and needs better and ultimately provide more effective, sensitive help.

NOTE: this booklet includes information about Veterans' experiences of MST and of difficult race-related experiences. Please exercise good self-care as you review it.



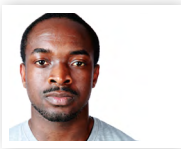
BEING A PERSON OF COLOR IN THE MILITARY

It's important to recognize that racial/ethnic minority Veterans' experiences of MST occur against the backdrop of how they are treated in this country, the military, and this world as people of color.

- *We were chosen for the harder tasks. Tasks that didn't even need to be done. To carry a heavy load over a long distance which didn't need to be carried. They would laugh at us and stuff. I was just scared to death of everyone in there.*
- *I felt, and my fellow soldiers of color felt, isolated. We were not given leadership opportunities to be platoon leaders or assert ourselves in physical activities and other opportunities. We were just given a different set of standards and rules that we had to be last. Always last. Always last in the line, last in recognition, last in medical examinations, and last in the assignment of duties.*

These experiences shape how MST is experienced, its impact, and Veterans' recovery.

“ *I believe I was targeted
due to race* ”



RACE / ETHNICITY & ACTUAL EXPERIENCES OF MST

- *It's not just that multiple men raped me and drugged me, I got this Caucasian person holding me down. I don't know if I've ever talked about that part of it and how it affects your psyche.*
- *He said I was a dirty, red squaw and that I should be grateful to him for getting any of the attention he gave me. He hit me and just made me feel like a piece of dirt or something, like I shouldn't even be breathing because I am Native American.*
- *I fell asleep and next thing I know, they were pinning me down and telling me that, "If you ever say anything, n-word," they would kill me. I'm not a weak guy but there were four or five of them holding me down and there was nothing I could do. I was defenseless, really. I had seen some racial things going on, but I never thought anything like that would happen. All the perpetrators were White.*
- *I think there was a lot of racism. They speculate Asian people to be subservient and not say anything. I feel like it was because I'm Asian that I was a target, I think it was my height and size and I was quiet. I didn't say anything!*
- *I was molested in boot camp. I asked him why he did it and he said that he picked the ugliest ones or the ones who were minority so that we would be less likely to be believed.*
- *It's a racially charged environment. I think I just felt like I wouldn't be taken seriously because the people I'm reporting the trauma to would not care because I'm Black.*

*I just felt like
I wouldn't be
taken seriously*



IMPACT & RECOVERY

- *The hardest thing in the world for a man of color to deal with is assault at this level. We have our name, we have our dignity and our pride, but when that's taken away or someone endeavored to take it away, by someone of your own color, it's that much more devastating.*
- *Sexual trauma is terrible by itself, but to know that it came from a person in a position of power that used their racial status to get away with that crime makes it that much worse.*
- *I am 40 years old. I will never have children. I will never get married. My poor mother has to look at me and say, "What's wrong with you?" My family says to me, "Why don't you settle down and start a family?" Nobody wants to come near me. My best friend is like, "Look what our mothers went through in Vietnam, they were probably raped too but they don't talk about it and they went on with the rest of their lives."*
- *Already in society, especially as an African American, there is a stigma that is attached. No matter what is going on, there is a stigma. In the African American community, you have to always be viewed as strong, so you don't talk about certain things. You don't need an additional stigma attached to the military sexual trauma. Sometimes, it's better not to mention it.*
- *We're coming from a place of fatigue! We've had to work harder. In addition to being Black and a female, not only do I have to prove myself in my rank that I'm equally qualified to do this job, but I have to deal with all this extra that you know nothing about. I have to deal with all this harassment from these guys and them talking about my physique. It's just too much added pressure and nonsense. VA needs to know that from a Black female perspective, it's just hard. No matter how you spin it, you have to just go in and earn it. There's no handouts for us, no corners that we're cutting, nothing.*

WHAT PROVIDERS CAN DO

- *I think the main thing that they can do is bring the issue of race and ethnicity forward. Ask them if that could have been a factor and listen to their explanations. Let them know, "Hey, we know that this could've been a factor. Could you expand on that?" I don't think it was ever brought up for me. They never asked me if it was racially or ethnically-involved so maybe that should be part of the questioning for MST survivors. "Is this one of the reasons that you felt might be why this happened?" Just something specific and straight-to-the-point like that.*
- *I think, in general, African American women that experience MST are very shy or reserved. We don't want to admit that something like that has happened. On top of that, we're not taught to seek help when it comes to things that are psychiatric or trauma-related. We just deal with it and keep going. I think it's important to promote that there are other people having these experiences and it's okay to welcome them in getting help. It does take a lot of encouragement for anybody to share a weakness or something that's happened to them.*
- *We're very resilient people, especially the women. We carry a lot of everything, and if you don't know that about us, then you can't really help. I think Black women would open up faster if they know that person understands what they're talking about. It took me a long time to open up.*
- *I think they need to know the culture. In the Mexican culture we are taught that to show respect, you don't look a person in the eye. Whereas if you are in counseling and if you don't look them in the eye, they think you're being dishonest or not forthcoming. But it's the opposite, you're trying to show respect. It's very frustrating.*



CONSIDER CULTURE

Veterans stressed the need to consider a survivor's culture when interpreting reactions and behavior, suggesting ways to handle situations, or offering treatment recommendations. They also highlighted the stigma many cultures have about sexual trauma and about mental health treatment and the challenges that can present in recovery. They encouraged asking Veterans how their background and identity might shape their recovery process. They also recommended providers be continuously mindful of how their own culture might be affecting their reactions and seek out opportunities to learn about other cultures.

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- *The care providers were not in any way understanding of the cultural background that I have as a Mexican American. When it comes down to the causation of what was done to me and why it was done to me, they don't even think about that in my opinion. The action of the MST versus the causation of MST are almost like what was missed by the counselor.*
- *They need to ask those uncomfortable questions, "Do you feel more comfortable talking to someone of your race or ethnic background? Do you feel more comfortable reporting this, do you want someone of your ethnic background to handle this?" No one's ever asked me that. No one's even ever addressed it.*
- *There's a bit of sexual harassment. There's unwanted flirting. Because I look Hispanic, other Veterans assume I speak Spanish and they want to talk to me in Spanish. I hate it. I feel like it almost interferes with the healing process because every time I have to go in there it's hard to get away from the fact that there's a lot of other Veterans there. These are the same people that did what they did. I don't know whose eyes I'm looking into. It makes it hard to go in. Even though the providers are amazing, it's hard. It feels like I'm back in the military every time I go back into that waiting area.*



CREATE A WELCOMING ENVIRONMENT

Both obvious (e.g., harassing behavior) and subtle (e.g., being the only person of color present; lack of diversity in waiting room décor imagery, reading materials and television programs) aspects of the environment can lead Veterans of color to feel unsafe, misunderstood, or unwelcomed in VA facilities. Ask Veterans how it feels to come to your VA and to your clinic. Ensure clinic orientation materials and initial group and individual therapy discussions underscore the importance of treating others with respect. As needed, increase the presence of staff in waiting areas. Directly address any discriminatory remarks or behavior that you witness. Consider telehealth services if it will facilitate care.



BE THOUGHTFUL ABOUT DOCUMENTATION

Veterans reported that their race and/or ethnicity was inaccurately documented in the medical record at times, often based on provider assumptions, something they found painful and frustrating. Others identified times that documentation of their behavior was culturally insensitive or biased, such as expressions of anger described as “aggressive.” They urged providers to ask them about their race/ethnicity before documenting and to document precisely, being mindful of how certain descriptions or interpretations might be racially charged or emotionally laden. They highlighted that having a conversation about what information will be included in the medical record and conveying your sensitivity to documentation issues can help build trust.

OTHER THINGS VETERANS SAY CAN HELP

- Ensure outreach materials include images of Veterans from diverse racial/ethnic backgrounds.
- Offer the option for Veterans to work with a provider from their same racial/ethnic background if possible.
- Provide diversity and implicit bias training for providers and staff.
- Consider creating or expanding treatment offerings that are specific to racial/ethnic minorities (e.g., therapy groups).
- Ensure providers are aware of local cultural and other resources that may be of particular interest to racial/ethnic minority Veterans.
- Increase the diversity, particularly with regard to race and ethnicity, of VA providers and staff more generally.

“There’s already the stigma in the African American community about mental health, so it takes a lot for somebody to walk through those doors and say, “You know what? I need help, and it’s for psychiatric reasons, and it’s due to MST.” That’s a lot.””

ADDITIONAL RESOURCES

- VHA facility MST Coordinators (<https://tinyurl.com/VHA-MST-Coordiators>) and VA Minority Veterans Program Coordinators (www.va.gov/centerforminorityveterans/mvpc)
- VHA's MST Resource Homepage (vawww.mst.va.gov) and VHA's MST Internet Page (www.mentalhealth.va.gov/msthome.asp)
- MST Consultation Program (mstconsult@va.gov): Free one-on-one consultation for any VA staff member on any issue related to assisting Veterans who experienced MST.
- VHA Office of Health Equity (www.va.gov/healthequity/race_ethnicity.asp)
- VA Center for Minority Veterans (www.va.gov/centerforminorityveterans)
- Some facilities offer a Race-based Stress and Trauma Group for Veterans. Speak with your local mental health leadership to learn more.



VA



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